



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/56

UTILITY MANAGER REINSTATEMENT APPLICATION FOR LICENSE LAPSED MORE THAN THREE (3) YEARS

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

SECTION 2: EXPERIENCE RECORD

You must document a minimum of **two (2) years** of experience as a licensed utility foreman in the State of Georgia or equivalent experience from another state as a manager or foreman in the field and at least **three (3) years** total experience for the construction, erection, alteration, or repair of utility systems at least five feet underground. A **notarized letter on company letterhead** from each employer listed in your experience record is required to verify your experience in the field for the minimum duration required for certification. See Board Rule 121-2-.08.

SECTION 3: REFERENCES

Three **(3) notarized original reference forms** from people that have knowledge of your utility work are required. No copies will be accepted, as the form must include the notarized original signatures. A copy of a cover letter that can be provided to references is included in these instructions. Have each reference return the Reference Form directly to you, in a sealed envelope with a signature across the back flap to ensure against tampering, and include all envelopes with your application. You may make additional copies of this form as needed.

SECTION 4: PERSONAL HISTORY

All questions must be answered. You must submit proof of completing 12 hours of Safety Training Courses from a Board approved provider in the past 2 years. See Board Rule 121-2-.08. A list of approved Safety Training Courses is available on our website at www.sos.ga.gov/index.php/licensing/plb/56.

All applicants should submit a background check with application. This can be obtained by going to your local law enforcement office or through a private background check agency. If you answer "yes" on the conviction question, you must submit the requested **certified** documentation.

SECTION 5: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C. G.A. §50-36-1.

*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document. ***All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: www.sos.ga.gov/index.php/licensing/plb/56. You are responsible for knowing the laws and rules for your profession.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel

were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

APPLICATION STATUS

To check the status of your application, visit www.sos.ga.gov/index.php/licensing/plb/56 Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

FEES

The **\$150.00 non-refundable application fee** by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

DEADLINES

The application and exam deadline dates can be viewed at the Board's website: www.sos.ga.gov/index.php/licensing/plb/56

- **Prior to the Examination**

A complete application along with the required **FEE** and **DOCUMENTS** must be received in the Board office at the address listed above prior to the **application deadline as listed on the Board website. If there are any deficiencies in the application submitted you will be notified in writing by e-mail if an e-mail address is provided. Otherwise notification of deficiencies will be sent by regular mail. Please be advised deficient applications will result in the delay of approval to sit for the exam.**

- **Approval to sit for the Exam**

An approval letter will be sent by the Board to applicants who are approved to sit for the exam. If approved, AMP (testing vendor) will provide you a Candidate Information Bulletin, which includes an outline of topics covered in the examination. **Applicants are responsible for submitting a scheduling form and correct fee to AMP by the posted deadline. The deadline dates are available on the board website.**

- **Approximately 2 Weeks Prior to the Examination**

You will receive an Admission Notice from AMP, giving the date and location of the examination, as requested on the AMP-GA10 form. If you received an approval letter from the Board, but do not receive an admission notice, **Contact AMP at (800) 345-6559.**

- **Upon completion of the Examination**

Examination results will be sent to applicants by AMP. Applicants who failed the exam must submit a re-exam application with the Board. Applicants will also receive a new Examination Scheduling Form from AMP to apply for another examination date.



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237 Coliseum Drive, Macon, GA 31217-3858
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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

APPLICATION FOR UTILITY MANAGER REINSTATEMENT FOR LICENSE LAPSED MORE THAN THREE (3) YEARS

Application Fee \$150.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☐ Utility Manager #UM _____ expired: _____

Method Obtained by: ☒ Reinstatement by Re-Examination Use separate application for initial exam.

SECTION 1: PERSONAL INFORMATION

1. Legal Name to Appear on License: _____

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#: _____ Date of Birth: _____

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4. Physical Address: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#

CITY STATE ZIP

5. Mailing Address: _____
(if different) NUMBER AND STREET OR P.O. BOX APT#

CITY STATE ZIP

6. Daytime Phone#: _____ Business or Cell Phone#: _____

7. Email Address: _____

8. ☐ I am requesting Veterans' Preference Points. Attached is a copy of my DD-214.

SECTION 2: EXPERIENCE RECORD

Applicant Name:

- Applicants for Utility Manager must show at least **two (2) years** of experience as a licensed utility foreman in the State of Georgia or equivalent experience from another state as a manager or foreman in the field and at least **three (3) years** total experience for the construction, erection, alteration, or repair of utility systems at least five feet underground.
- You must submit a **notarized letter on company letterhead** from the employers listed below to verify your experience record in the field for the minimum duration required for certification. See Board Rule 121-2-.08.
- Please make additional copies as needed for additional employers.

SPECIFY EXPERIENCE RELATING TO UTILITY DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer Name:		Employer's Utility Contractor License#
Employer Address:		Supervisor Name:
City, State, Zip:		Supervisor's Job Title:
Employer Phone#		Applicant's Job Title:
Dates Employed	From: (mo/yr) To: (mo/yr)	Approximate total number of hours per week utility duties were performed:
Your duties: <input type="checkbox"/> Utility manager or foreman supervising construction, erection, alteration or repair of utility systems		
<input type="checkbox"/> Other duties, describe:		
Typical depth of utility systems installed:	Type of utility systems installed:	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.

Employer Name:		Employer's Utility Contractor License#
Employer Address:		Supervisor Name:
City, State, Zip:		Supervisor's Job Title:
Employer Phone#		Applicant's Job Title:
Dates Employed	From: (mo/yr) To: (mo/yr)	Approximate total number of hours per week utility duties were performed:
Your duties: <input type="checkbox"/> Utility manager or foreman supervising construction, erection, alteration or repair of utility systems		
<input type="checkbox"/> Other duties, describe:		
Typical depth of utility systems installed:	Type of utility systems installed:	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.

SECTION 3: REFERENCES

Applicant Name: _____

Attach **three (3)** completed, **notarized** reference forms from persons who have knowledge of your utility experience and list their information below.

Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____

SECTION 4: PERSONAL HISTORY

- ☐ YES ☐ NO 1. In the past 2 years, have you completed the 12 hours of Safety Training Courses from a board approved provider as required? **If YES**, attach a copy of the certificates of completion or cards issued.
- ☐ YES ☐ NO 2. Have you been licensed as a Georgia Utility Foreman for a minimum of 2 years?
If YES, submit a copy of the Utility Foreman license.
If NO, submit a letter of explanation and supporting documentation showing equivalent utility experience from another state as a manager or foreman in the field.
- ☐ YES ☐ NO 3. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If you answered YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency: _____
- ☐ YES ☐ NO 4. Have you attached a copy of your criminal background check?
- ☐ YES ☐ NO 5. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If you answered YES, you must submit the following:

- a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.
- b) Probation/Parole - Submit a statement (on official letterhead) from your probation/parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation/parole.

SECTION 5: APPLICANT AFFIDAVIT

Applicant Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL



The Office of Secretary of State Professional Licensing Boards Division

Brian P. Kemp
SECRETARY OF STATE

Lisa W. Durden
DIVISION DIRECTOR

Dear Sir or Madam:

The applicant (individual) named on the following form is applying for a Utility Manager license in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skill in the field of Utility Contracting. Your evaluation of said applicant is vital to our evaluation. As a reference, you must have worked directly with the applicant on utility projects.

The Division wishes to point out that statements must be from personal knowledge, not made for the mere purpose of aiding the applicant, and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions listed on the reference form. It is unlawful to make false statements regarding an applicant's experience.

The Division requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Please fill out all information on the following reference form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly, please send it to the Division of Utility Contractors at 237 Coliseum Drive, Macon, GA 31217.

Sincerely,

State Construction Industry Licensing Board
Division of Utility Contractors

237 Coliseum Drive • Macon, Georgia 31217 • 478-207-2440
www.sos.ga.gov



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REFERENCE FORM

Applicant Name: _____

Your name (please print): _____

Company/firm you are associated with: _____ Current Position: _____

Address: _____ Phone# _____

City, State, Zip: _____ Fax# _____

1. Type of utility license you hold, license number, and issuing state: _____ Issuing State _____

Utility Foreman# _____ Utility Manager# _____

2. How long have you known the applicant? From _____ to _____

3. How well do you know the applicant? ☐ Very Well ☐ Well ☐ Slightly ☐ Not at all

☐ YES ☐ NO 4. Are you in any way related to the applicant?

If YES, explain: _____

☐ YES ☐ NO 5. Do you have personal knowledge of the applicant's experience with utility contracting systems (as defined below)?

▪ **"Utility contracting"** means undertaking to construct, erect, alter, or repair or have constructed, erected, altered, or repaired any utility system.

▪ **"Utility system"** means:

(A) Any system at least five feet underground, when installed or accessed by trenching, open cut, cut and cover, or other similar construction methods which install or access the system from the ground surface, including, but not limited to, gas distribution systems, electrical distribution systems, communication systems, water supply systems, and sanitary sewerage and drainage systems; and

(B) Reservoirs and filtration plants, water and waste-water treatment plants, leachate collection and treatment systems associated with landfills, and pump stations, when the system distributes or collects a service, product, or commodity for which a fee or price is paid for said service, product, or commodity or for the disposal of said service, product, or commodity.

6. Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of utility systems: _____

7. What is your opinion of the applicant's personal integrity and reputation? _____

8. Considering the need to protect the public health, safety, and welfare, in your opinion, how does this applicant rank in professional competence and responsibility? ☐ Qualified ☐ Additional experience needed ☐ Unqualified

☐ YES ☐ NO 9. Based on the above definitions of utility contracting and utility systems, do you recommend the applicant for utility manager licensure? If NO, explain: _____

10. REMARKS: The Board would appreciate any additional or amplifying information regarding the applicant's utility experience, capabilities or limitations, if any: _____

I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires: _____

Reference Signature